DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: FIFTH STREET HOUSE (390234)

Address: 458 W 5TH ST, OCONOMOWOC, WI 53066

License Status: REGULAR

Licensed/Certified/Registered 09/01/1998

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0094745 End Date: 04/14/2005 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093141 End Date: 08/10/2004 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009017 Served 08/23/2004

<u>Compliance</u>

Deficiencies Cited
88.07(3)(a)Subject Area
PRESCRIPTION MEDICATIONSVerified
03/24/2005Corrected
Yes

Survey ID: 0091967 End Date: 01/06/2004 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Complaint History

Date Complaint Received: 02/08/2005 Date Investigation Completed: 04/14/2005

Subject Area(s) Result

ABUSE NOT SUBSTANTIATED